



Patient Name:

Date:

Fall Risks *(Check all that apply)*



History of Falls

☐

Medication
Side Effects

☐

Walking Aid

☐

IV Pole or Equipment

☐

Unsteady Walk

☐

May Forget or
Choose Not to Call

☐

You are at high risk for injury if you fall:

☐

- ☐ Age: 85 years old or older, frailty
- ☐ Bones: osteoporosis, risk or history of fracture, etc
- ☐ Coagulation: risk for bleeding, low platelet counts or taking anticoagulation
- ☐ Surgery (recent): lower limb amputation, major abdominal, or thoracic surgery

Fall Interventions *(Circle selection based on color)*

Communicate
Recent Falls and/or
Risk of Harm



Walking Aids



Crutches



Cane



Walker

IV Assistance
When Walking



Toileting Schedule: Every _____ hours



Bed Pan



Assist to
Commode



Assist to
Bathroom

Bed Alarm On



Assistance Out of Bed



1 person



2 people